

**Service: TITLE IV-B/2: SUBSTANCE ABUSE & COUNSELING
SERVICES ON THE ISLAND OF MAUI**

**Section 2
Service Specifications**

I. Introduction

A. Background

The Department of Human Services (DHS, Department), Social Services Division, Child Welfare Services Branch provides social and case management services to children and their biological, extended, foster, or adoptive families to ensure safe, nurturing, and permanent families for Hawaii's children.

The Department of Human Services was awarded its first "Promoting Safe and Stable Families" Title IV-B subpart 2 grant in September 1994. Title IV-B/2 has been reauthorized through federal fiscal year 2006.

B. Purpose or Need

Statewide, reports of child abuse and neglect have remained constant at approximately 5,000 per year during the last several fiscal years. On the island of Maui, an average of 590 reports were assigned for investigation in each of fiscal years 1996 to 2001. Of the reports investigated, an average of 340 children were found to have confirmed reports of maltreatment each year. The Department anticipates at least 590 reports of child harm on Maui in each year of the next biennium.

Parental substance abuse, with its related health problems and social and economic impact, is a critical factor in many families who come to the attention of the child welfare service system. A study conducted by the Department found that of the cases reviewed, over 85% of the cases involved substance abuse as a safety issue in the home. These types of cases often involve multiple serious safety issues, are longer in duration, and require the expenditure of more resources to obtain resolution.

The Maui Regional Planning Committee for Title IV-B subpart 2 has identified the issue of substance abuse prevention and treatment as the most pressing issue facing children and families on the island of Maui. To address parental substance abuse problems and other mental health concerns that place children at risk of harm or result in child maltreatment, the Department is seeking proposals for Title IV-B subpart 2 services for families with children that are victims of child maltreatment, or are determined by the Child Welfare Services (CWS) Branch of the Department to be at risk of child abuse and/or neglect.

The purposes of the Title IV-B subpart 2 grant, a federal capped entitlement under the Social Security Act, are:

- 1) To prevent child maltreatment among families at risk through the provision of supportive family services
- 2) To assure children's safety within the home and preserve intact families in which children have been maltreated when the family's problems can be addressed effectively
- 3) To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997
- 4) To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

The following Title IV-B subpart 2 services are being purchased to achieve safe, nurturing, permanent families for children:

1. Family Preservation Services

- a. Services for children and families designed to help families at-risk or in crisis, including programs designed to help children return to families from which they have been removed or to be placed for adoption, with a legal guardian, or in some other planned, permanent living arrangement.
- b. Pre-placement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families; service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement.
- c. Services designed to improve parenting skills with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition.

2. Time-Limited Family Reunification Services

Time-limited family reunification services and activities are provided to a child that is removed from the child's home and placed in a foster family home or a child care institution and to the parents or primary caregivers of such child to facilitate the safe and timely reunification of the child, but only during the 15-month period that begins on the date that the child, pursuant to section 475(5)(F), is considered to have entered foster care. Services include: 1) individual, group, and family counseling, 2) substance abuse treatment services, 3) mental health services, 4) assistance to address domestic violence, 5) services designed to provide temporary child

care and therapeutic services for families, and 6) transportation to or from any of the services and activities described.

3. Planning Activities (check all that apply):

- ☒ Information from fundors (legislature, federal agencies, private foundations, etc.) on funding terms and conditions;
- ☒ Information from other state agencies on services to the same target group;
- ☒ Views of service recipients and community advocacy groups on conditions affecting achievement of desired goals;
- ☒ Views of provider organizations on how to improve service specifications; a request for information (RFI) process may have been used for this purpose;
- ☒ Information from POS monitoring and other reports for current contracts; and
- ☒ Other data (socio-economic and health trends, waiting lists for services, client satisfaction surveys, etc.).

C. Description of the goals of the service

The goals of service reflect the three broad outcome domains in the continuum of child welfare services: safety, permanency, and child and family well-being. The goals of the Child Welfare Services Branch are:

1. Reduce the recurrence of child abuse and/or neglect
2. Reduce the incidence of child abuse and/or neglect in foster care
3. Increase permanency for children in foster care
4. Reduce time in foster care to reunification without increasing re-entry.
5. Reduce time in foster care to adoption
6. Increase placement stability
7. Reduce placements of young children in group homes or institutions

Service activities shall be based on the principles of family-centered, strengths/needs-based practice. The guiding principles of family-centered based practice in the Child Welfare Services Branch are:

1. The safety of children is the paramount concern that must guide all child welfare services and when making service provision, placement, and permanency planning decisions.

2. Reasonable efforts to maintain and reunify families are important. However, when it is determined that the child's safety in the family cannot be assured due to certain aggravated circumstances or after a period of 12 months of service activities, the Department shall move towards a permanent placement for the child. Thus, risk and safety assessment skills are important in maintaining the quality of decision-making in child welfare services.
3. Family crises provide opportunities to the families to address problems. When timely, high quality, and appropriate services are provided to families in crisis, family members, Child Welfare Services Branch staff, and Family Courts are able to make informed decisions about biological, foster, or adoptive parents' ability to protect and care for their children.
4. If children cannot remain safely in their homes, foster care and other temporary placements must consider each child's need for attachment. Every child needs enduring relationships with adults and needs to belong to a family. If safety cannot be assured with the biological family, children are entitled to safe, nurturing, permanent families.
5. Service activities must be comprehensive, coordinated, and collaborative and provided in all designated geographic areas under the contract.
6. Service activities must be developed in partnership with families and should be competent, culturally appropriate and responsive to the strengths, needs, values and preferences of each child and family, and delivered in a manner that is respectful. Service activities must address the physical, social, emotional, and educational needs of the child and the family's ability to protect the child. Service activities must provide clear and attainable goals and objectives for each participant.
7. Service activities must empower families to help themselves and to gain and maintain mastery and control over their ability to protect their children.

D. Description of the target population to be served

Families with children where parents or other primary caregivers have substance abuse and/or other mental health needs that 1) are referred by CWS or other professional agencies; and 2) are victims or are at-risk of child abuse and/or neglect. CWS referrals shall have first priority.

E. Geographic coverage of service

The geographic coverage for this service is the island of Maui. Assurance must be given that the entire island will be provided the full range of contracted services.

F. Probable funding amounts, source, and period of availability

This contract will be for six years. The amount of public funding for this contract for FY 2004 and FY 2005 will be \$271,026 each year. The amount of funding for subsequent years will depend on performance and the availability of federal funding. The applicant must provide a non-Federal cash and/or in-kind match of 10% of the contract funding amount, or \$27,103. The total public funding amount and the 10% in-kind for each fiscal year is \$298,129.

Additional funding may become available over the life of the contract, and the sources of funding may change. Funding for any given year or for the contract as a whole may increase up to 300% of the original amount without being considered a fundamental change according to section 3-149-303(d) of Hawaii Administrative Rules. Increases are subject to availability of funds, program utilization, and satisfactory performance.

II. General Requirements**A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

1. The applicant shall comply with the Chapter 103F, HRS, Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found in the POS Manual.
2. The provider will contact the client to initiate services immediately or as soon as possible within the next business day.
3. The provider, together with the CWS referred client and CWS social worker, must develop and sign off on an individualized program plan containing goals and objectives that are consistent with the CWS family case plan. Start and end dates for all services provided must be documented as the individualized program plan is implemented.
4. For each client with an active CWS case, the provider shall submit, at minimum, monthly telephone and quarterly written client progress reports to the CWS social worker. Documentation must include case status reports, case discharge summaries, and other documentation necessary to monitor and evaluate the quality, quantity, and timeliness of services provided. The reports shall be in a format approved by the Department.

5. Payments for substance abuse treatment services are to be made only for CWS clients who are unable to access payment through the Department of Health's Alcohol and Drug Abuse Division (ADAD) or an ADAD contracted service provider, Med-Quest, third party insurance, or another resource.
6. The applicant must provide reasonable accommodations to assure the applicant's capacity to deliver services to those clients with minimal English speaking abilities or physical limitations.
7. The provider must assure and be responsible for the continuity of service activities by providing full service activity in the event of staff illness, medical emergencies, vacancies, or other situations that result in program resources that are less than proposed and contracted for. The provider must not require nor depend on the Department's staff to provide service activities in the event that program resources are not available due to the above situations.
8. The provider must connect and coordinate with CWS, other Department resources provided within the community, and other sources of support for the families served. The provider must ensure smooth transitions between service activities for families and ensure no duplication of services.
9. The provider must evaluate its program by using credible and tested measurement tools for program effectiveness in achieving outcomes, including measures of client satisfaction.
10. The provider shall conduct criminal history, and CWS central registry checks and shall ensure that no employee has a record of criminal convictions or CWS involvement that would pose a risk to children or families.

B. Secondary purchaser participation

(Refer to §3-143-608, HAR)

No secondary purchases are planned. However, after-the-fact secondary purchases may be allowed upon approval of the Department and pursuant to §3-143-608 HAR.

C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

 Allowed X Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

 X Single Multiple Single & Multiple

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

_____ Single term (< 2 yrs) X Multi-term (> 2 yrs; specify:)

The term of the contract will be six (6) years, subject to satisfactory performance and the availability of funding. The budget will be reevaluated every two years.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the winning provider or providers. Written questions for which a written response is desired should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable), of this RFP. Oral questions will be addressed through the deadline for submission of proposals.

Contact Person: Suzanne Hull

Phone: 586-5697

Fax: 586-4806

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

The provider must provide all service activities island-wide, including assessments, individualized program planning, crisis intervention, case management, counseling, substance abuse education and treatment, parental life and child related skill building services, and child care and client transportation for services provided under the contract. Service activities may be provided in the family's home, outside of the family's home, and in an individual or group setting.

1. Assessments

Professional staff must perform assessments. Assessments performed for CWS clients must be provided upon request and at the discretion of the CWS staff. If provider program resources cannot meet the demand, CWS unit supervisors shall prioritize the cases to be served. All assessments will include a determination of child safety.

For crisis intervention activities, services must start immediately. Assessments, if requested, will be completed concurrent with the activity.

2. Crisis Intervention Services

The focus of home-based crisis intervention services is to prevent the out-of-home placement of the child. A therapist must be available for intensive, direct, home-based crisis intervention services. Crisis intervention services are to be provided for 5-10 hours per week for a duration of 3 weeks. Service components include:

- a. Assessment
- b. Counseling
- c. Case Management
- d. Role Modeling/Mentoring
- e. Education, especially in the area of substance abuse and parenting
- f. Assistive Services, such as transportation, making appointments, completing applications, etc.

3. Individualized Program Planning

Provision of services to CWS clients under this contract must employ a collaborative model between the CWS social worker and the provider. To determine the individualized program plan, a telephone consultation or a face-to-face case conference will be held no later than one week from the date of referral. The consultation or conference must include the input of the client, the CWS worker, and the provider. The consultation or conference shall result in an individualized program plan signed by the client, CWS social worker, and provider to determine the services that will be provided.

Individualized program planning for non-CWS referrals must also employ a collaborative model between the program provider and the client through in-person consultation. The consultation shall result in an individualized program plan signed by the client and provider.

4. Case Management

The provider shall accept referrals, document the activity requested, receive information and documents from Department staff, perform assessments, set up and facilitate the individualized program planning meeting, write up the individualized program plan for signature, and coordinate and manage client services to achieve established goals. At the request of the Department's staff, the provider shall arrange for case conferences, including the revision of the individualized program plans.

Case conferences and individualized program planning meetings may be by telephone or be face-to-face meetings. Families shall be included whenever

feasible and appropriate. Meetings shall be scheduled at a time and place that accommodates the Department's staff and families to the greatest extent possible.

Any services to individuals or families involved in, or in need of sexual abuse treatment must include the POS sex abuse treatment provider to ensure that program planning activities are well coordinated and consistent with the sexual abuse treatment plan.

5. Counseling Services

The provision of family, group, and/or individual counseling will be based upon goals agreed upon in the individualized program plan. Services are intensive and focused on issues that present risk to the child or children. Services should be flexible in nature and the provider should accommodate parents' work schedules by providing services after hours and/or weekends. Services may be provided 1 to 2 hours weekly or more, depending on needs of the family. Services may be provided in or outside of the home, whichever site is preferable to the family. Services to families with a goal of family reunification are not to exceed 15 months in duration and may include but is not be limited to the following:

- a. Clinical therapy
- b. Problem-solving skill building
- c. Communication skill building
- d. Coping skill building
- e. Behavior management training
- f. Education on child development

Counseling services should exclude situations involving sexual abuse. These cases should be referred to the Department's sexual abuse services purchase of service provider.

6. Substance Abuse Education and/or Treatment

The provision of substance abuse education and/or treatment will be based upon goals agreed upon in the individualized program plan. When the need for substance abuse education and/or treatment services are identified, funds provided for this program may be used to eliminate financial barriers to participation in treatment. Payments for substance abuse treatment services are to be made only for CWS clients who are unable to access payment through the Department of Health's Alcohol and Drug Abuse Division (ADAD) or an ADAD contracted service provider, Med-Quest, third party insurance, or other public sources. Services shall include, but are not limited to the following:

- a. Case management
- b. Substance abuse education
- c. Medically monitored and/or managed detoxification
- d. Outpatient and intensive outpatient treatment

- e. Short or long term residential treatment
- f. Therapeutic living
- g. Aftercare services to prevent and manage relapse during recovery.

All services should include the development of a child safety plan in the event of substance abuse relapse.

7. Parental Life Skills and Child Related Skill Building Services:

Group parental life skills and child related skill-building activities include services to parents involved in interfamilial abuse or neglect, excluding sex abuse, utilizing the group modality. Program components may include:

- a. Parenting groups which focus on relevant issues such as: aspects of power and control underlying spouse and child abuse, understanding the dynamics of abuse including domestic violence, increasing one's ability to protect, assertiveness training, etc.
- b. Parenting groups to enhance child management skills by using simple, concrete techniques taught in a group format, employing both educational materials and skill building exercises; providing information on normal child development stages.
- c. Parenting groups for parents with substance abuse problems to encourage and facilitate the parents understanding of the effect their substance abuse has on their children and to support, and encourage and facilitate the parents participation in substance abuse treatment services.
- d. Socialization groups to develop concrete, everyday problem solving abilities as well as to learn how to interact with other people more productively.

8. Childcare

Childcare is to be provided to target group families requiring child care during activities scheduled as part of the individualized program plan. The provider is responsible for determining compliance with Department childcare rules and requirements. To the extent that the family may rely upon family members or neighbors to provide this service, staff approval will be required to ensure that the child safety issues are adequately addressed.

9. Transportation Services

Services are to be made available to the target group for transportation for any of the services specified under this contract.

B. Management Requirements (Minimum and/or mandatory requirements)**1. Personnel**

- a. Staff should have the educational qualifications, necessary training, and appropriate licensure to provide the activities requested.
- b. When disagreement between the provider staff, the Regional Planning Committee (RPC), and the Department's staff exists in regard to the performance of service activities within contracted specifications, the Department of Human Services shall prevail. Failure on the part of the provider to comply shall be deemed cause for corrective action and subject to contractual remedies.
- c. The provider shall have demonstrated the experience and qualifications relevant to the services being purchased. The Clinical counseling staff shall have a master's degree in social work or related field with a minimum of one-year experience. Supportive counseling staff must have a bachelor's degree and be under the close supervision and direction of a program coordinator with a master's degree in social work or related field. Substitution of a master's degree in a related field and demonstrated experience in counseling/rehabilitative services may be considered for the supervisor. Experience in working with families with children who have been or are threatened with harm is strongly preferred. All staff must be licensed, where applicable, to practice in the State of Hawaii.

2. Administrative

The provider shall accept only families who are referred by the Department of Human Services or other professionals who identify the children as being harmed or at risk for abuse or neglect.

3. Quality assurance and evaluation specifications

All contracts shall be monitored by the Department in accordance with requirements set forth by Chapter 103F, Hawaii Revised Statutes. Annual contract monitoring may include site visits with comprehensive evaluation of several areas of performance. These include review of conformance with standard contractual requirements, agency files, accounting practices, and case record keeping. In addition, ongoing contract monitoring shall include review of monthly and quarterly reports and periodic assessment of program effectiveness.

The provider must maintain throughout the term of the contract a system of self-appraisal and program evaluation for evaluating the effectiveness of the activities provided. The evaluation process must include tools or instruments to be used to identify client indicators of change, which are relevant to client outcomes and include a process for making improvements or taking corrective action based upon the evaluation findings.

4. Output and performance/outcome measurements

See Forms A, B, and C.

5. Reporting requirements for program and fiscal data

a. Required Program Reports:

Quarterly and year-end reports shall be submitted in a format specified by the Department in which the provider summarizes major activities undertaken during the report period. Data to be reported includes the number of service units provided; the number of persons served, accomplishments of program outcomes and objectives, problems encountered, recommendations, and proposed future activities.

b. Required Fiscal Reports:

- i. Providers will submit fiscal information in the format provided by the Department.
- ii. Quarterly and Year-end reports listing total expenditures of contract funds, contract revenues received, collections and expenditures from program income and/or other sources of funding.

c. Penalties for Late Reporting

Unless otherwise specified in the contract, program and fiscal reports are due within 30 days of the end of the quarter. Providers that are late submitting applicable reports may be subject to a fine of \$25.00 at a minimum for each business day that the report is late.

6. Pricing or pricing methodology to be used

Unless otherwise proposed and agreed between the applicant and the Department, the pricing methodology for this service is as checked below. Combinations of these pricing methodologies or pricing methodologies

not listed below may also be proposed and agreed upon. The pricing methodology may be revised by mutual agreement throughout the term of the contract.

- X Cost reimbursement where the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum contract amount.
- Fixed rate where the State pays the contractor a set rate for a defined unit of service up to a stated maximum contract amount. The State and the contractor agree on the number of units of service to be delivered for the stated contract amount.
- Negotiated rate where the State defines a unit of service and may predetermine the total number of units to be delivered or the maximum amount of funding available for the contract. The State then negotiates with the contractor the rate to be paid for each unit delivered.

7. Units of service and unit rate

Not applicable.